

18  
4-25-01

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       | RED      |        | 4/17/01  |
| FORMALITY REVIEW          | C.V.     | 51507  | 04/25/01 |
| RESPONSE FORMALITY REVIEW | MD       | 8981   | 04/23/01 |

Best Available Copy

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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ATTN  
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7/23/01  
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